

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-049,431	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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TOTAL IND.	/		6			
TOTAL DEP.	4	↔	4	↔		↔
TOTAL CLAIMS	5	↔	5	↔		↔

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TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔		↔		↔